Farrington Care Homes Limited

Woodlands

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced comprehensive inspection at Woodlands was carried out on 1 December 2015. Woodlands is a care home that provides accommodation and personal care to up to 28 older people, some living with dementia. It is not registered to provide nursing care. There were 27 people living at the home at the time of this visit. There are internal and external communal areas, including dining and lounge areas, a conservatory and a garden for people and their visitors to use. The home is made up of three floors which can be accessed by stairs, a stair lift and a lift. The building is a historic building and some rooms would have been accessible by several steps. Ramps have been put in place of these steps where possible. Four bedrooms are double occupancy rooms which are screened for privacy using portable screens. Two bedrooms are not ensuite with basins only in the rooms. There were communal bathrooms for people to use.

There was a registered manager in place during this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Where people had been assessed as lacking capacity to make day-to-day decisions, applications had been made to the local authorising agencies. Staff demonstrated to us that they respected people's choices about how they wished to be supported. Staff were able to demonstrate a sufficient understanding of MCA and DoLS to ensure that people would not have their freedom restricted in an unlawful manner.

Plans were put in place to reduce people's identified risks, to enable people to live as independent and safe a life as possible. Arrangements were in place to ensure that people were supported with their prescribed medication. Medication was stored safely. Accurate and complete records of people's prescribed medication were kept.

People, where needed, were assisted to access a range of external health care professionals and were supported to maintain their health. Staff assisted people to maintain their links with the local community to promote social inclusion. People's friend and families were encouraged to visit the home and were made to feel welcome. People's health and nutritional needs were met.

People who used the service were supported by staff in a caring and respectful way. Care and support plans prompted staff on any individual assistance a person may have required as guidance. Records were in place to monitor people's assessed care and support needs.

People and their relatives were able to raise any suggestions or concerns that they had with the registered manager and staff and they felt listened to.

Staff understood their responsibility to report any poor care practice. There were pre-employment safety checks in place to ensure that all new staff were deemed suitable to work with the people they were supporting. There were enough staff to provide safe care and support.

Staff were trained to provide care which met people's individual care and support needs. The standard of staff members' work performance was reviewed through supervisions, appraisals and competency checks. This was to ensure that staff were competent and confident to deliver this care and support.

The registered manager sought feedback about the quality of the service provided from people and their relatives. Staff meetings took place and staff were encouraged to raise any suggestions or concerns that they may have had. Quality monitoring processes to identify areas of improvement required within the service were formally documented with action taken recorded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported with their medication as prescribed.

Systems were in place to support people to be cared for in a safe way. Staff were aware of their responsibility to report any concerns about harm and poor care.

People's support and care needs were met by a sufficient number of staff to meet their needs. Safety checks were in place to ensure that new staff were recruited safely.

Good

Is the service effective?
The service was effective.

Staff were aware of the key requirements of the MCA 2005 and DoLS to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to support people to meet their needs. Supervisions of staff were carried out to make sure that staff provided effective support and care to people.

People's health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

Staff were respectful and kind in the way that they engaged with and supported people.

Staff encouraged people to make their own choices about things that were important to them and supported people to maintain their independence.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Staff supported people to maintain their links with the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated to ensure they met their current needs.

People knew how to raise a complaint should they wish to do so. There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good

Is the service well-led?
The service was well-led.

There was a registered manager in place.

Audits were undertaken as part of the on-going quality monitoring process. Any improvements required were documented and were being worked upon.

Good

Summary of findings

People and their relatives were asked to feedback on the quality of the service provided through questionnaires and meetings held.

Woodlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2015, and was unannounced. The inspection was completed by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at information we held about the service and used this information as part of our inspection planning. We also looked at the most recent 'enter and view' report on the service carried out by Healthwatch Cambridgeshire. Healthwatch are the national consumer champion for health and social care.

We spoke with seven people who used the service and three relatives. We also spoke with the registered manager, cook, maintenance person, two senior care workers, a care worker and an external trainer/auditor contracted by the organisation. We also spoke with a visiting district nurse assistant, a hairdresser and a PAT dog volunteer. Throughout our visit we observed how the staff interacted with people who lived in the service who had limited communication skills.

We looked at three people's care records, the systems for monitoring staff training and two staff recruitment files. We looked at other documentation such as quality monitoring, questionnaires, accidents, incidents, safeguarding records and maintenance records. We saw records of compliments and complaints records, and medication administration records.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe in the home. One person said, "I feel very safe here – yes I do, they are a little bit kind to me here." Another person told us, "Yes I feel safe. They [staff] all seem friendly. In the main they speak to me well." A relative said, "[Family member] feels safe and we feel safe with [family member] being here. No concerns at all."

Relatives we spoke with confirmed to us that they had never seen or heard any people who lived at the home being spoken to by staff in an inappropriate manner. Staff said that they had undertaken safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of poor practice or harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies such as the local authority. This showed us that there were processes in place to reduce the risk of harm.

People had individual risk assessments undertaken in relation to any identified support and health care needs. Specific risk assessments had been carried out for people deemed to be at risk of fire safety, falling, moving and handling, of developing pressure sore areas, of becoming dehydrated and at risk of losing weight. We also noted that people had individual risk assessments in place for specific health care conditions. Risk assessments had also been carried out on specific health care equipment in conjunction with fire risks associated with this equipment. These risk assessments were in place to provide guidance to staff on how to support these people safely.

Our observations showed that people were supported by staff to take their prescribed medication safely and in a patient and unhurried manner. We saw that the medication trolley was attended at all times by staff and it was observed that the staff member did not sign to say that medication had been given until people were given their medication. Medication when not being administered was stored securely and at the appropriate temperature.

We were told that all staff who administered medicines had received appropriate training and had had their competency assessed. We noted that medication charts were audited on a regular basis to ensure that they had been completed fully. Records we looked at confirmed this. There were clear instructions for staff in respect of the administration of medication. This included medication that had to be administered at certain times of the day or for example, before food. There was clear guidance for staff about when to administer 'as required medication.' However, we did see that some 'as required' prescribed creams and lotions had been left in a person's room and had not be stored away by staff. This meant that there was an increased risk that these could have been mistakenly used/taken by another person.

Staff we spoke with said that the management carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment or character references. A disclosure and barring service check (criminal records check), proof of current address and gaps in employment history explained. These checks were to make sure that staff were of good character. However, the records we looked at did not have photographic identification on file. We spoke with the registered manager about this during the inspection who confirmed that photographic had been sought prior to the new staff member being employed by the home.

We saw that there were sufficient staff on duty to meet people's support and care needs throughout the day. We saw that the majority of people's call bells/requests for assistance were responded to quickly and that staff were busy but not rushed. However, we did note one incident when staff were unable to support a person's request in a timely manner. When asked how quickly staff answered call bells one person told us, "It all depends what is on really- how busy they [staff] are." Another person said, "In the morning when they [staff] are very busy you do have to wait for a long time if you use your bell in your room – but it can't be helped- they are busy." The registered manager told us that they regularly assessed the number of staff required to assist people with higher dependency support. Records we looked at confirmed requests for additional staffing had been met. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

Good

Is the service safe?

People had individual personal emergency evacuation plans in place in case of an emergency. Staff told us that practice fire drills took place. This showed us that there were plans in place to assist people to be evacuated safely in the event of an emergency.

We looked at the records for checks on the home's utility systems and risk assessments. These showed us that the management made regular checks to ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provided a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Records we looked at confirmed that people's capacity to make day-to-day decisions had been assessed and documented, with a 'best interest' checklist completed. However, one care record we looked at did not have the best interest decision summarised within the care plan. The registered manager told us that where people had been assessed as lacking the mental capacity to make day-to-day decisions applications had been made to the local authorising agencies.

Staff demonstrated to us that they respected people's choice about how they wished to be supported. Records showed that staff had received training in MCA and DoLS. On speaking to staff we noted that their knowledge about MCA 2005 and DoLS was embedded. One staff member said, "Always assume a person has capacity unless proven otherwise." This meant that staff demonstrated to us an understanding to make sure that people would not have their freedom restricted in an unlawful manner.

People told us that they enjoyed the food in the home. One person told us, "Food is good, no problems…always hot." Another person told us, "It [food] is very good…usually hot enough." A third person said, "I can't complain. I have never asked for anything different. I didn't know I could." A relative told us, "My [family member] has put his weight back on since he has been here. He lost a lot of weight when he was ill in hospital…..he seems better now." Another relative said, "The food is ok, [family member] seems to like it. She seems to get enough to eat and drink every day."

Our observation showed that people could choose where they wanted to eat their meals. During this inspection we saw that some people ate their lunch in the dining room, and others ate it in the lounges. Staff provided assistance to people who required this and people were encouraged to eat at their own pace. People were provided with drinks throughout the visit on a regular basis and we saw that there were different options of meals that people could choose. Records we looked at documented any special dietary needs such as specifically enriched foods and we saw that these were provided.

Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team for several days. This was until they were deemed confident and competent by the management to provide effective and safe care and support to people.

The majority of people we spoke with said that they felt that staff had enough skills to care for them effectively. On person said, "Staff are well trained. No problems, but I get myself up and dressed and washed." Another person told us, "I can't complain, I don't have to wait for them to come to me. They are patient with me, but from what I see of them, I have no complaints." Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the record of staff training undertaken to date. Training included, but was not limited to, food safety, dementia awareness, first aid, infection control, pressure site management, MCA (2005), DoLS, safeguarding adults, health and safety, medication, and moving and handling. A staff member confirmed to us that the registered manager was very supportive and that they were being encouraged to complete a national qualification in health and social care. This meant that staff were supported to develop their skills and knowledge.

Staff members told us they enjoyed their work and were well supported. They said they attended staff meetings and received formal supervision and annual appraisal of their

Good

Is the service effective?

work. Records we looked at confirmed this. One staff member told us that these supervisions were opportunities to discuss what went well and future training needs as part of their on-going development.

The records showed that staff involved external healthcare professionals to provide assistance if there were any concerns about the health of people using the service. One person told us that, "I just need to ask if I need to see G.P. I have had my eyes tested recently. My [family member] sorts out my teeth and gets me dentist appointments." Another person said, "I just ask the carer if I need to see the G.P. I have had my eyes tested frequently here. My [family member] sorts out the dentist." A relative told us, "[They [staff] always keep in touch with me and keep me informed of [family members] health. I am very reassured by this. Records showed that people were referred to relevant healthcare professionals in a timely manner. A visiting healthcare professional told us that they had no reason to doubt that guidance provided by them was followed by staff in the home. They then went on to describe how a person's skin wound had healed successfully due to care by staff and support and guidance by their team.

Good

Is the service caring?

Our findings

The majority of people had positive comments about the service provided. One person said, "They [staff] are kind and caring towards me… they never rush me."

Staff took time to support people when needed. We saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We saw a staff member take time to sit a read a picture book with one person. We also saw good examples of staff engaging people in conversation during an activity. This meant that staff supported people in a patient and kind manner.

Observations throughout the visit showed that staff respected people's privacy and dignity when supporting them. We saw that staff were polite and addressed people in a respectful manner. Staff talked us through how they made sure people's dignity was respected when they were assisting them with their personal care.

We saw that people were dressed in a clean, tidy and dignified way which was appropriate for the temperature within the home. Staff talked us through how they encouraged people to make their own choices. For example, what people would like to eat or would like to wear. This demonstrated to us that people were supported by staff to be involved in making their own decisions and that staff respected these choices.

We saw that people's friends and family were encouraged to visit the home by the registered manager and staff.

Relatives were very positive about the attitude of staff and the registered manager towards them visiting. One relative said, "I come at different times of the day…I like to keep an eye on things."

Care records we looked at were written in a personalised way which collected social and personal information about the person, including their individual care and support needs. People also had their end of life wishes documented should they choose to. These plans included a wish to not be resuscitated. However, we saw that two out of four of these documents looked at did not have the person's correct address recorded. We discussed this with the registered manager during the visit, who confirmed that they would ensure that these documents were corrected. Since the inspection we have had verbal confirmation that this has been actioned.

Records we looked at showed that people or their appropriate relative consented to their/their family members care and support plans. However, people and relatives we spoke with during the visit were unable to confirm their involvement in the regular review of their /their family members care to ensure these records were up-to-date.

Advocacy information was made available to people to refer to, should they wish to use this type of support. Advocates are for people who require additional independent support in making certain decisions about their care.

Good

Is the service responsive?

Our findings

We looked at the care records for three people accommodated in the home. We saw that a daily living needs assessment of the persons care and support needs had been undertaken prior to them moving into the home. A care and support plan was then developed by staff in conjunction with the person, and/or their family, or legal representative. This was to provide guidance to staff on the care and support the person needed. Reviews were then carried out regularly to ensure that people's current support and care needs were recorded as information for the staff that supported them. The care plans were person centred and provided guidance to staff about how to care for the person.

The individual support that people received from staff depended on their assessed needs. Support included assistance with personal care, attending healthcare appointments, personal care assistance, meal time support and their prescribed medication.

We saw that there was an activities board in the communal dining room which listed the planned activities for Monday to Friday. We noted that activities included, but were not limited to; bingo, puzzles, Christmas crafts and flower arranging. During the inspection we saw a reminiscence discussion with staff and people who wished to take part. This activity, which used artefacts from the past and picture books prompted discussions around what life was like for people when they were growing up.

To promote social inclusion for people we noted that links with the local community were encouraged. We saw that a PAT dog volunteer visited the home on a regular basis. The volunteer told us that they were encouraged to visit the home weekly and we noted during our visit that they were well received. We also saw that a hairdresser attended the home to offer hairdressing for those who wished for this type of service.

We saw that the home had received compliments from relatives as feedback on the quality of the service provided to their family member. The majority of people we spoke with told us that that they knew how to raise a complaint. One person said, "All is good, I have no complaints." Another person told us, "I have never made one [complaint]. I don't know who to speak to. I always ask the carers for things I need." A third person said, "I would speak to anyone of the carers or registered manager." We asked staff what action they would take if they had a concern raised with them. Staff said that they knew the process for reporting concerns or complaints. We noted that the service had received some complaints about the service provided. We looked at records of complaints received. Records showed that complaints received had been responded to in a timely manner. We saw that actions had been taken as a result of an investigation into the complaint to prevent a reoccurrence.

Good

Is the service well-led?

Our findings

There was a registered manager in place and they were supported by care staff and non-care staff. People we spoke with told us that they knew who to speak with if they had a suggestion or concern to raise. One relative said, "Initially I would speak to the manager…then I would get on the internet to find out where to go next." Another relative said, "I would speak to the registered manager if needed."

Quality monitoring systems were in place to monitor the quality of the service provided within the home. Audits included an internal quality checked which looked at different areas of the home under the domains of is it safe? Effective? Caring? Responsive? Well-led? Any improvements required were recorded as an action needed. For example a recent audit had highlighted the implementation of the new Care certificate induction programme as an action. The registered manager told us this would be implemented for all new staff.

Other quality monitoring carried out were audits of people's care plans and a quality checklist that covered all areas of the home and services provided. Areas requiring improvement were documented as an action. We saw that an external company had been contracted by the organisation Farrington Care Homes Limited to carry out audits such as, but not limited to; fire risk assessments. We also noted that the pharmacy linked with the home carried out 'advice visits' to check on people's prescribed medication as part of the on-going quality monitoring in place.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC in a timely manner.

Staff told us that they were free to make suggestions, raise concerns, and that the registered manager was supportive to them. One staff member told us, "I don't feel as though you dare not/ cannot ask [a question], the [registered] manager is not a stay in the office lady… she's part of the team." They also told us of an example of how they raised a suggestion with the registered manager and that it was listened to and implemented. Another staff member said that they felt that they could go to the registered manager with any problem including personal issues. They also told us that they felt that senior care staff were also approachable, always around and that they would be supportive if the registered manger was not available. Staff also said that staff meeting happened regularly. Records we looked at confirmed this and we saw that these meetings were used as opportunities to update staff.

The management team sought feedback about the quality of the service provided from people and their relatives by asking them to complete questionnaires. We saw that feedback on the service was positive. A relative told us, "I do remember there was a residents meeting but I couldn't make it with my work schedule." We saw that as a result of a recent meeting a suggestion made to add photographic visual prompts to the menus at mealtimes had been actioned. This meant that people and their families were given the opportunity to be updated with what was happening at the home and make suggestions and be listened to.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who used the service.